



# Austin Transportation Department

Right of Way Management Division

P.O. Box 1088, Austin, Texas 78767

## Application for Valet Operator

### PERMIT HOLDER INFORMATION:

*The Valet Operator listed here will be the License Holder of record. Changes related to the Valet Operator will affect the License and should be relayed promptly to Right of Way Management staff.*

#### Operator Contact Information:

Operating/Assumed Name(s) \_\_\_\_\_

Legal Name(s) (if different than Operating Name) \_\_\_\_\_

Primary Contact Name \_\_\_\_\_

24 Hour Emergency Number \_\_\_\_\_ Alternative Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

#### Operator Insurance:

Insurance Expiration Date \_\_\_\_\_

Lists City of Austin as Additional Insured  Yes  No

Provides a 30 Day Notice of Cancellation  Yes  No

Lists "City of Austin, c/o Right of Way Mgmt, PO Box 1088, Austin, TX 78767" as Certificate Holder  Yes  No

**\*\*Provide a current copy of Insurance as evidence that requirements are satisfied, if not already on file.\*\***

#### Operator Structure:

Sole Proprietorship/Single Membership  Partnership  Corporation  Limited Liability Company

**\*\*Provide a Resolution of Authority that corresponds with the Business Structure. If structure is Sole Proprietorship or Single Membership, provide business documentation as filed with the State and County.\*\***

### SERVICE LOCATIONS:

#### LOCATION #1:

Start Date of Service \_\_\_\_\_ Business Name \_\_\_\_\_

Business Physical Address \_\_\_\_\_

#### LOCATION #2:

Start Date of Service \_\_\_\_\_ Business Name \_\_\_\_\_

Business Physical Address \_\_\_\_\_

#### LOCATION #3:

Start Date of Service \_\_\_\_\_ Business Name \_\_\_\_\_

Business Physical Address \_\_\_\_\_

#### LOCATION #4:

Start Date of Service \_\_\_\_\_ Business Name \_\_\_\_\_

Business Physical Address \_\_\_\_\_



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**LOCATION #5:**

Start Date of Service \_\_\_\_\_ Business Name \_\_\_\_\_

Business Physical Address \_\_\_\_\_

**LOCATION #6:**

Start Date of Service \_\_\_\_\_ Business Name \_\_\_\_\_

Business Physical Address \_\_\_\_\_

**LOCATION #7:**

Start Date of Service \_\_\_\_\_ Business Name \_\_\_\_\_

Business Physical Address \_\_\_\_\_

**LOCATION #8:**

Start Date of Service \_\_\_\_\_ Business Name \_\_\_\_\_

Business Physical Address \_\_\_\_\_

**LOCATION #9:**

Start Date of Service \_\_\_\_\_ Business Name \_\_\_\_\_

Business Physical Address \_\_\_\_\_

**LOCATION #10:**

Start Date of Service \_\_\_\_\_ Business Name \_\_\_\_\_

Business Physical Address \_\_\_\_\_

**DECLARATIONS AND SIGNATURE:**

*Please indicate you agree with each statement below by providing your initials in the adjacent box.*

I certify that each employee of the License Holder has a driver's license valid in the State of Texas, and has received a manual and training instructing the employee in the local and state laws governing valet parking.

I certify that employees of the License Holder who engage in valet parking vehicles will wear retro-reflective material outerwear while working during the nighttime, as approved by the director.

I certify that loading or offloading of customers from vehicles will occur only in the designated area at each service location.

I declare that the information provided in this application is true and that I have read the Code of the City of Austin Section 13-5 as amended by Ordinance Number 031211-11, and I understand all conditions of this application as set forth herein and the City Code. I understand that no guarantee of approval is implied by the acceptance of this application, and that in order for this application to be completed the applicant must provide all additional information requested and that failure to provide the additional information will result in denial of the application. I also understand that the City is not responsible for any cost or inconvenience incurred by me if the application is denied.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE OF OPERATOR  
(MUST SIGN IN PRESENCE OF NOTARY)

COUNTY OF \_\_\_\_\_

STATE OF TEXAS

SWORN TO AND SUBSCRIBED BEFORE ME ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE